

OAHU CANDIDATES-
 SUBMIT 1 ORIGINAL AND 1 COPY
 NEIGHBOR ISLAND CANDIDATES-
 SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT CANDIDATE COMMITTEE

COPY

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name:

Jeffrey Alameida

(b) Committee Name: Friends of Jeffrey Alameida

(c) Mailing Address: P.O. Box 1100

Waialua HI 96791

(d) Phone (Bus) 429-8461 (Res) 638-0373

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

- ☐ 1st Preliminary Primary ☐ Amended ☐ First ☐ Third
☐ 2nd Preliminary Primary ☐ Second ☐ Fourth
☒ Final Primary
☐ Preliminary General
☐ Final Election Period
☐ Supplemental

REPORTING PERIOD

09-09-06 through 09-23-06

SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Complete Section IV on the Back of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD ² TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period ²		—
2. Cash on Hand at the Beginning of this Reporting Period.....	3554.13	
3. Total Receipts (From Line 15).....	5613.20	29869.41
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	9167.33	29869.41
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19).....	6333.27	27035.35
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4)....	2834.06	2834.06
7. Total Loans at the Closing of this Reporting Period.....	19663.24	
8. Total Unpaid Expenditures at the Closing of this Reporting Period.....	—	
9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8).....	19663.24	
10. Surplus/Deficit (Subtract Line 9 from Line 6).....	(16829.18)	

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Candidate Signature

Date

Treasurer Signature

Date

¹ Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less. Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.

² An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS
(If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE
11. Contributions From:		
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties		
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	200	
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	500	
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii)).....	700	
(b) Candidate or Candidate's Immediate Family		
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....		
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....		
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii)).....		
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)).....	700	
13. Public Funds and Other Receipts.....		
14. Loans.....	4913.20	
15. Total Receipts (Add Lines 12 through 14).....	5613.20	
DISBURSEMENTS		
16. Expenditures.....	6333.27	
17. Loans Repaid or Forgiven.....	—	
18. Unpaid Expenditures Paid or Forgiven.....	—	
19. Subtotal Disbursements (Add Lines 16 through 18).....	6333.27	
20. Unpaid Expenditures.....	—	
21. Total Disbursements (Add Lines 19 and 20).....	6333.27	

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☒ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE A
MONETARY AND NON-MONETARY CONTRIBUTIONS
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE

1

OF

1

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
09/22/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION IFA PAC Ith 516 Kawaihāe St, # E Honolulu HI 96825		500.00	500.00
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

500.00

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

500.00

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE**

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE

1

OF

2

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
9/20/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Angels Ice Cream 55 - 510 Kam. Hwy #4 Laie HI	Food - Volunteers	27.50.
9/20/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Flavor Mania Kam. Highway Haleiwa HI 96712	Food - Volunteers	27.50
9/22/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Kenji Signs + Printing 4355 Lanekana St, #7 Honolulu HI 96818	office supplies	520.83.
9/19/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION office max 94 - 861 Lumiana Street Waipahu HI 96797	office supplies	19.13
9/22/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Pioneer Ace Hardware Kam. Highway Haleiwa HI 96712	office supplies	8.81
9/19/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Reskyu 756 Bannister St Honolulu HI 96816	office supplies/flyers	190.09.
09/22/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Tax Foundation of HI 126 Queen St, Suite 304 Honolulu HI 96813	Dues + Subscription	200.00
1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page).....			993.86
2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report).....			

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE**

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 2 OF 2

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
9/10/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION American T-shirt 1217 King St. Honolulu HI 96817	T-shirts	78.24
9/20/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Flaormania Kam. Highway Haleiwa HI 96712	Food-Volunteers	36.48
9/19/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Pioneer Ace Hardware - Kam. Highway Haleiwa HI 96712	office supplies	7.11
9/12/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Reskyu 756 Bannister St. Honolulu HI 96816	office supplies/flyers	4876.89
9/10/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Reskyu 756 Bannister St. Honolulu HI 96816	office supplies/flyers	340.69
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page)..... 5339.45

2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report)..... 6333.27

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE C
PUBLIC FUNDS AND OTHER RECEIPTS
CANDIDATE COMMITTEE**

N/A

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CANDIDATE AND CANDIDATE COMMITTEE NAME: _____

PAGE _____

OF _____

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF SOURCE OF PUBLIC FUNDS OR OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF PUBLIC FUNDS OR OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
1. SUBTOTAL OF PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (This Page).....				
2. TOTAL PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (Last Page Only) (Transfer total to Line Number 13 of the Disclosure Report).....				

ATTACH A COPY OF THE
EXECUTED LOAN DOCUMENT AT
THE TIME OF INITIAL DISCLOSURE

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE D
LOANS
CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE

OF

LOAN SOURCE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF LENDER NAME OF EMPLOYER AND OCCUPATION	AMOUNT OF LOAN AT BEGINNING OF THIS PERIOD	NEW LOAN AMOUNT THIS PERIOD	AMOUNT REPAYED OR FORGIVEN THIS PERIOD	AMOUNT OF LOAN AT CLOSING OF THIS PERIOD
DATE OF LOAN	PURPOSE OF LOAN				
<input type="checkbox"/> CANDIDATE <input checked="" type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER	Jeffrey + Debbie Almeida P.O. Box 1100 Waiawa HI 96791	14750.04	4913.20	<input type="checkbox"/> FORGIVEN —	19663.24
9/23/06	Campaign Expenses.				
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	

1. SUBTOTAL (This Page).....

4913.20

2. TOTAL NEW LOANS THIS PERIOD (Last Page Only) (Transfer total to Line Number 14 of the Disclosure Report).....

4913.20

3. TOTAL LOANS REPAYED OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 17 of the Disclosure Report).....

—

4. TOTAL LOANS AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 7 of the Disclosure Report)....

19663.24

Form CC-5(D) (Rev. 5/99)

If a loan is forgiven, the loan must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven loan does not have to be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE E
UNPAID EXPENDITURES
CANDIDATE COMMITTEE**

W/AT

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED (ACCRUAL METHOD OF ACCOUNTING).

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CANDIDATE AND CANDIDATE COMMITTEE NAME: _____

PAGE _____

OF _____

DATE OF UNPAID EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR	AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF THIS PERIOD	NEW UNPAID EXPENDITURE AMOUNT THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	AMOUNT OF UNPAID EXPENDITURE AT CLOSING OF THIS PERIOD
	PURPOSE OF UNPAID EXPENDITURE				
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	

1. SUBTOTAL (This Page).....

2. TOTAL NEW UNPAID EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 20 of the Disclosure Report).....

3. TOTAL UNPAID EXPENDITURES PAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 18 of the Disclosure Report).....

4. TOTAL UNPAID EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 8 of the Disclosure Report).....

Form CC-5(E) (Rev. 5/99)

If an unpaid expenditure is forgiven, the unpaid expenditure must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven unpaid expenditure does not have to be reported as an "Expenditure" on Schedule B.

09/09 - 09/20

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

LATE CONTRIBUTIONS REPORT
CANDIDATE COMMITTEE

N/A.

The Late Contributions Report is to be used to report all contributions aggregating more than \$500 that are received within the period of fifteen calendar days through four calendar days prior to a primary, special primary, general, or special general election. The report is required to be filed no later than 4:30 p.m., three calendar days prior to the election.

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

DATE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION	AGGREGATE CONTRIBUTION
	PURPOSE TO WHICH THE CONTRIBUTION WILL BE APPLIED	OCCUPATION		